

# Pitching Clinic

Marsh Creek Park



This free pitching clinic is offered to all City of Raleigh youth baseball pitchers and aims to provide each participant with the knowledge and skills necessary to develop proper throwing habits, pitching mechanics, and positional drills.

The clinic will focus on development of throwing, pitching, and mechanical drills for all players. It will not include technical pitching instruction!

**Space is limited!**

**Date/Time:**

Saturday, February 28th  
10:00am-12:00pm

**Ages:** 9 to 17\*

**Location:**

Marsh Creek Park  
3050 N. New Hope Rd, Raleigh, NC 27604

**Cost:** Free

**Instructors:** Rich DePierro, Rob Massingill

**Registration:** Please contact Jud Dunlevy at Marsh Creek Community Center

*\*Age as of 8/31/2014*

Please arrive 15 minutes early and bring appropriate athletic gear such as tennis shoes, cleats, water bottle, glove, and other items as needed. All other equipment will be provided!

*\*Each participant must complete a registration form and provide it to Jud Dunlevy via scan, fax, or hand delivery by Thursday, February 26th at 5:00pm.*

3050 N. New Hope Rd  
Raleigh, NC 27604  
parks.raleighnc.gov

Jud.Dunlevy@raleighnc.gov  
919-904-2757 phone  
919-790-5567 fax



# Youth Pitching Clinic

## Registration & Waiver

**Participant Name:** \_\_\_\_\_

The Raleigh Parks & Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation the more time we have to make reasonable accommodations to improve a participants experience with us.

**D.O.B. :** \_\_\_\_\_ **Age:** \_\_\_\_\_ (as of 8/31/2014)

**Home Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



**Parks,  
Recreation and  
Cultural Resources**  
parks.raleighnc.gov

**Special Medical Circumstances:** (i.e. cancer, physical disabilities, blindness, deafness or diabetes.) The City of Raleigh recommends that parents or guardians consult the participant's pediatrician or health care professionals to assess the participant's fitness to take part in our program. It is required that parents or guardians provide in writing additional instructions to the participant. The written instruction should be developed with the assistance of the participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the camper.

**Non-Parent Emergency Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

I hereby pledge to provide positive support and care for my child participating in youth sports by encouraging and demonstrating good sportsmanship for all players, coaches, and officials at every game, practice and youth sports events. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

**Photography Waiver:** Pictures may be taken of my child while participating in City activities and may be used for program publicity. If you do not concur please contact the Parks and Recreation Department.

**Non-Discrimination Policy:** The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, natural origin, sex, sexual orientation or disability in employment opportunities or the provision of services, programs, or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh parks and recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

**Release and Indemnity Agreement:** I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs desire the risks. By signing the basketball registration form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the City, its employees or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

**Parent/Guardian Signature**

**Date**

**Medical Problems or Special Needs:**

The Youth Athletics Program provides to all youth ages 5-18 the opportunity to participate in quality organized athletics through leagues, special events, camps and clinics. We strive to teach fundamental skills and rules, teamwork and sportsmanship in a fun atmosphere with the leadership of well-trained volunteers and staff.